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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*On Typhoid Fever, a Paper read to the Cook Co. Medical Society, by ERIAL MCARTHUR, M. D.*

WRITERS and teachers of medicine have generally divided fever into Idiopathic and Symptomatic—the former depending upon no local cause, while the latter depends upon some local irritation.

Some writers have, for practical considerations, given the characteristic divisions of Dynamic and Adynamic Fevers. Our attention, however, is called to no general view of fever at this time.

Typhoid Fever is Idiopathic or "Essential Fever" in its character; and in its distinctive form is Adynamic. The predisponent cause of this fever is a subject about which there has been much dispute. I shall define it as being a specific principle or poison, emanating from vegetable or animal decompositions, and sometimes from both combined. This poison is received into the system in various degrees of concentration and combinations diluted in atmospheric air, through the medium of the lungs, the skin, and the prima via. It commingles with the blood, and thus produces its effects upon the nervous system.

Chemistry has thus far failed to define definitely what this latent principle or poison is, or even fully to detect it in form or in substance. And yet the almost universal consent of mankind places the certainty of it beyond a cavil or a doubt. I shall for the present assume that this miasma or poison produces alike the different

grades or types of fever known under the familiar names of Agues, Intermittents, Remittents, Continued (including Typhoid and Typhus), Yellow Fevers, &c. It will not be necessary for my purpose at this time, to notice the arguments usually resorted to for the purpose of proving the positions which have been assumed, or to examine the "Cryptogamous origin" of fever, which has been beautifully and fancifully set forth in the *American Journal of the Medical Sciences*, by Professor Mitchell, of Philadelphia, or any other theory extant for the causation of fever, but to proceed at once to our subject.

Typhoid Fever, it may be said, is caused by miasm arising from decayed and decaying vegetable or animal substances, and in many instances from both,—it being absorbed and conveyed to the sanguiferous system, producing, as a secondary result, prostration and derangement of the nervous forces. It is from this derangement that the morbid changes are going forward, which are commonly spoken of as the premonitory symptoms. The blood becomes changed in some of its vital elements and combinations, and the want of the usual nervous stimulation to the lungs and circulatory system in general, results in a want of the proper arterialization of the blood and a consequent increase of general debility. As there is a *decrease* of the vital air, so there is a relative *increase* of carbon in the circulating fluids of the body; and hence, in some extreme cases, we have apnœa and coma, produced severally by different states and conditions of the blood, as well as by different variations of force in its circulation. These conditions, it is true, may be produced by engorgement of different viscera of the body, caused by mechanical derangement only. As this disease advances, the fluids accumulate in dependant parts of the body to a greater or less extent according to the decrease of the vital forces. In some severe cases the lungs become hepatized and infiltrated with pus, and the bronchial tubes are clogged with viscid and frothy mucus.

Sudden affliction, continued watching, constant depressing emotions, arising from care, anxiety, fear, and other affections of the mind—may and sometimes do serve as exciting causes to develop this disease. It is so generally diffused through society at times, that there appears to be an epidemic influence prevailing

as an efficient and exciting cause. By a large number of medical writers it is said to be even contagious, and consequently received by coming in contact with those affected with it. This position seems hardly conclusive, when the history of the disease is fairly understood, and especially if we do not take into our calculation its development in large Hospitals.

IMMEDIATE CAUSE OF DEATH.

This to a great extent may depend upon debility of the heart, or in other words, a continuous relaxation of its muscles. And yet death from asthenia alone, seldom obtains, it being more generally combined with other causes. It has been found by autopsical examinations of subjects who have died from this disease, that there are more traces of organic lesions and derangements in the abdominal viscera than in the thorax and head.

PATHOLOGY.

Peyer's glands are found enlarged in some subjects; in some cases they are of a reddish cast; in others they are of a grayish color and dotted with black points. The follicles in some subjects are found ulcerated — parts having sloughed off — leaving irregular and ragged ulcers with thickened edges. In some instances the follicles are pale and level, in others puffed up with fungous growth of different variations of color. These glands being situated beneath the villous coat in the lower portion of the ileum, it may be in some instances more difficult to diagnose their diseased condition while the patient is living, than if they were in a higher portion of the intestines. Ulceration, however, is more fully developed here, it being seldom formed in the jejunum or duodenum, while inflammation of a different kind is often developed in these latter divisions. Hence the mesenteric glands in their locality become hard, swollen, and tender. These, however, become so inflamed subsequently, as a sequence of the inflammation and ulceration of the mucous glands. These alterations of structure in general, fully account for the variety of symptoms developed in the severer forms of Typhoid Fever. Thus we have diarrhoea and hæmorrhage in the latter stages of the disease; also pain and uneasiness in the abdominal region. The redness, thickening, ulceration, and sloughing are more generally observed when the dis-

ease becomes epidemic or general. The violence of the symptoms does not always depend, however, upon the degree of inflammation and ulceration, for in many instances, when the disease is most violent, these circumstances are mostly or entirely wanting. The ulceration of the bowels sometimes heals, and parts thus become sound and healthy, again performing their usual functions; at other times the ulceration continues until the bowel is perforated and its contents pass into the abdominal cavity. The spleen is more frequently found diseased and changed in its structure than any other glandular viscus of the abdomen in the severer forms of Typhoid Fever. It occasionally becomes dark colored, soft, apparently decayed and even rotten. This may be considered presumptive evidence of the malarious origin of the disease. There is necessarily no organic derangements or lesions of the brain or thorax in this disease, although it may become complicated by some local affection of cerebral or thoracic origin.

VARIETIES.

Although this disease may be considered specific in its character, there are variations in form depending upon climate, season of the year, and epidemic and other influences. It generally commences with arterial excitement, and sometimes of a high grade, though more frequently with the form of the inflammatory fever denominated by Cullen and other writers as Synochus. Hence, when this disease commences with high arterial excitement and a general sthenic condition of the system, its tendency is soon apparent, as it often passes, and that sometimes rapidly, to a lingering feebleness of the vital powers.

The history of this disease shows plainly that since Asiatic Cholera has prevailed in Europe and in this country, its character is more of an asthenic form than it was previous to this time. This fact is worthy of especial notice by the Profession, as it corresponds with the history of disease in general. Indeed, it has become an axiom in the annals of our science, that radical changes are continually going on in the character and form of almost every variety and distinction of disease. The importance, therefore, of medical men carefully and assiduously investigating these continued changes, and adapting their treatment thereto, cannot be too strenuously advocated and insisted upon, and, especially by writers and

teachers of medicine. This disease sometimes appears as an Epidemic, at other times as an Endemic, and more frequently still in this country as Sporadic, being in many instances, as it were, engrafted on to other varieties of disease. It is characterised at times as being accompanied with a peculiar rash, and at other times this circumstance may be entirely wanting and ulceration and inflammation of the bowels obtain. Its time of duration may be for a few days only, or it may continue for many weeks. In the winter season it is likely to be complicated with local affections of the throat and lungs; in the summer by extreme debility and depression; and in the autumn by Diarrhœa, Dysentery, &c.

SYMPTOMS.

This disease is peculiar in respect to the great variety of symptoms which are more or less manifested in every patient afflicted with it. In cases attended with considerable inflammatory action in the incipient stages, there is pain in the back and limbs accompanied with trembling of the lower extremities, headache, vertigo, flushed face, &c. There is loss of appetite, the tongue is coated with a whitish fur, eyes are red and swollen, the bowels are costive in some, while in others diarrhœa obtains. Where there is absence of this high febrile condition not unfrequently there is a drooping sensation, a shivering fit, the patient is easily tired, in some the countenance is pale and languid, in others a redness of countenance, owing to capillary congestion, is manifested, the patient has a confusion of ideas, an abstracted expression of the eyes, is reluctant to exercise, has evil forebodings of the future, a fatuitous and fixed indifference, an inexpressive apathy to surrounding objects, want of appetite, has a torpid inactive state of the bowels. With some the urine is pale, but more frequently it is of a dark color and scanty, and there is a settled dizziness accompanied with febrile oppression. There is a brown coating of the tongue, in some it is even black, and as the disease advances the tongue becomes parched, dry and sensitive to the touch. In severe cases the tongue becomes smooth and glossy and of a reddened aspect, and there is great difficulty in protruding it. Nausea and vomiting are occasional symptoms, the matter ejected being green or yellow, and much of it bile. Abdominal tenderness is found in a large share of patients and frequently

tympanites, and especially is there hardness and tenderness over the caecal region. A slight eruption affects many patients with Typhoid Fever, it is however for the most part confined to the regions of the bowels and to the lower extremities. As the disease advances sordes accumulate upon the teeth. Deafness is of frequent occurrence, and sometimes from the incipency of the disease.—There is a general tendency to sleep. Coma occurs in some cases. The patient becomes more and more indifferent to surrounding objects and actions, and as the disease progresses is apparently little concerned in the issue of his case. Some patients with Typhoid Fever have Diarrhoea at the commencement with foetid and dark colored stools. The disease is sometimes complicated with Bronchitis and Pneumonia. As the Fever continues to advance the patient's intelligence generally diminishes, there is in some cases continued delirium, the patient is more and more reluctant to voluntary movements, sinks gradually lower in the bed, is unwilling or incapable of turning himself on the side, the knees are drawn up, the voice becomes feeble and hollow, has difficult deglutition, lies with his mouth open, has subsultus tendinum, a tremor of the tongue and acuteness of hearing. And again with others in this stage of the disease, the sense of sight, touch, smell and hearing become more or less impaired, although, perhaps, there is no special complaint in relation to either, and it is only found out by accidental circumstances. There is sometimes retention of urine, and at other times involuntary and continued dribbling of it. In the epidemic form of this fever, there are rosy blotches scattered over different parts of the body, somewhat raised above the general surface of the skin; they may be partially diminished under pressure though not fully so. This rash differs from that affection of the skin called petechiae, and yet the two forms may in some measure commingle together. Haemorrhage also takes place at this stage. This may occur from lesions of the bowels from ulceration, or it may be of a strictly passive kind, arising from putridity or laxity of the tissues and a morbid condition of the fluids. An offensive and peculiar foetor exhales from the skin, the tongue becomes black, dry and fissured, sordes continue to accumulate upon the teeth, portions of the body most pressed upon by long confinement begin to slough away, and death finally closes the scene.

DIAGNOSIS.

The diseases most likely to be confounded with, or taken for Typhoid Fever, and from which it is most difficult to distinguish it, are Typhus and Remittent Fevers and diseases of the brain. It will not be so difficult as heretofore to determine the distinction between these diseases, in consequence of the light thrown upon the subject by analytical investigations during the last fifty years. Although essentially alike in some general features, there appear to be distinctive characters and symptoms. Young persons are more frequently attacked with Typhoid Fever, and those who have passed the meridian of life are more subject to Typhus. The premonitory period is of longer duration in the former disease than in the latter, the fever is more of the sthenic type, and it more frequently prevails in the autumnal season. Diarrhœa is not only more frequent in Typhoid Fever than in Typhus, but it is more active, requiring prompt and vigorous treatment to arrest its progress, whereas in Typhus it is less frequently present and more easily checked. The congestion of the capillaries of the surface is more marked and distinct in the former disease; and when delirium affects the patient, it assumes more of an active form at the commencement, while it is of a passive form in Typhus Fever. Cephalalgia is a prominent symptom in Typhoid Fever, and for the most part is entirely wanting in the Typhus. In the former disease, deafness more or less marked, vascular injection of the conjunctiva, a reddish tongue and vomiting are frequently observed as characteristic of that kind of fever; but in Typhus Fever these symptoms are seldom present, and when observed are very slight comparatively. Sordes on the teeth are sooner developed in Typhus, and are also more troublesome and continue longer than in Typhoid. Hæmorrhage from the nose and bowels is somewhat common in Typhoid, and is generally wanting in Typhus Fever. Tenderness on pressure is a common symptom in the hypogastrium and iliac regions in the former fever, and peritonitis, either from perforation of the bowels or from some other cause, sometimes occurs in this form of fever, though generally absent in Typhus fever. Eruptions of the skin are more frequent in Typhus and of a dark red color, not being elevated from the surrounding surface, while in Typhoid Fever, the eruption when it is

present, is of a rose color and elevated. In Typhus Fever there is more cough and pneumonic complication than in Typhoid. There is a strong dissimilarity in the two diseases in this respect. The pulse is stronger in Typhoid and more frequent in the Typhus type. There is much more general nervous prostration in the latter disease than in the former.

In distinguishing this disease from Remittent Fever, we observe in the latter more of a tendency to periodicity, for although this fever may be somewhat continuous, yet there appears to be a manifest difference in the violence of the fever at different times of the day. There is much less tendency to general nervous prostration and to deafness in Remittent Fever. In Remittent Fever there is more nausea and vomiting of bile, more constant thirst, more tenderness in the epigastrium and at the same time less in the iliac regions, less, if any, sordes accumulated upon the teeth, little or no flatulency and meteorism, and less diarrhoea. In Remittent Fever there is generally no eruption of the skin, and very seldom Epistaxis, while in Typhoid Fever the eruption and hæmorrhage are somewhat frequent. There is often a yellow tinge of the skin and conjunctiva in the former disease, but this seldom occurs in the Typhoid Fever. Remittent Fever attacks all ranks and conditions of men, and of every period of life from the prattling infant to the octogenarian, and in general prevails only in malarious districts, and for the most part ends in Intermittent Fever. Typhoid Fever, however, generally attacks young persons, and prevails at times when, and places where other diseases are not so prevalent.

From diseases of the brain, Typhoid Fever may be distinguished by its greater tendency to Diarrhoea, Dysentery, &c. While in cerebral disease there is a general liability to constipation, a greater sensibility to light and somnolency. There is likewise at times, in this last-mentioned disease, a vacant stare and peculiar expression of the eyes, which, when once seen, will always be recognized subsequently, and which seldom, if ever, occurs in any other class of diseases.

From most other diseases Typhoid Fever will be found to differ in so many appreciable and diversified symptoms as to make the diagnosis easy and at the same time conclusive.

TREATMENT.

In regard to treatment I shall be confined to my own views and convictions, founded upon some little experience and reflection, and that without any special regard to what may be deemed authority, neither compiling from it on the one hand, nor purposely shunning its precepts on the other. I shall endeavor to be brief, only giving some general principles as applicable thereto.

Typhoid Fever doubtless has a tendency to an intrinsic limitation, varying from several days to as many weeks. There is much danger from the adaptation of treatment "*to the name of the disease*"—rather than properly adapting it to the symptoms manifesting derangement of the general powers of life according to acknowledged principles of therapeutical science. Certain geographical locations have a tendency to give type in some measure to the disease which prevails, whether epidemic, sporadic, or otherwise. In the New England States, and the eastern part of the Middle States, for instance, there is a manifest liability to complications with diseases affecting the throat and lungs. In the Western and Southern States, and the western part of the Middle States, on the other hand, a tendency to bilious derangement prevails. In these different localities, consequently, an appreciable modification of treatment would be required to meet the exigencies and wants of the patient in Typhoid Fever as well as any other disease. It is therefore essential to the successful treatment of this disease, that these various modifications arising from locality and differences of climate be borne in mind.

We have previously stated that since the prevalence of Asiatic Cholera, there has been an appreciable modification of Typhoid Fever. This disease has now a greater tendency to nervous prostration.—Ataxial symptoms are sooner developed and take deeper hold of the system than previous to the advent of this pestilential scourge of humanity. In cases of Typhoid Fever attended with high arterial excitement in the first stage of the disease—general and local blood-letting might be in some patients indicated, though only at the outset of the course. Its tendency to pass rapidly from this condition of excitement to a low and nervous prostration of the vital powers, admonishes us to do at an early period whatever we do in the way of depleting or reducing the system. In

this climate, where the disease for the most part is complicated with an excess, or want of the proper secretion of the bile, a vitiated or loaded condition of the stomach and bowels—mild emetics and laxatives may be given at first with good effect, in a large proportion of cases. Thus, if the tongue is covered with a brown coating, and there is a general derangement of the digestive organs, as in my experience proves often to be the case, x. to xv. grains of Calomel, with a like quantity of Ipecac., given, will have the effect, first, to relieve the stomach of this bilious matter, and by following it in three or four hours, if necessary, with Castor Oil or a Seidlitz Powder, the bowels will be gently evacuated and the patient relieved of vitiated ingesta, and be in a better condition for the reception of tonics and opiates. If the tongue should be coated with dark brown fur along the centre, and especially towards its root, with a reddened and dry condition of its edges and tip, accompanied with more or less bilious Diarrhœa—Calomel combined with Opium or Sulph. Morphia, would doubtless relieve the bowels of vitiated and irritating excretions, and at the same time have the effect to correct the secretions of the liver and of the *prima via*. In a goodly number of cases of this disease under my care, I have found that Sulph. Quinia seemingly tended to shorten the duration of this fever, although in many instances my expectations were disappointed.

After the use of the calomel and ipecac., or in some patients the pill hydrarg., R Sulph. quinia grs. xv. to ʒj., Sulph. morphia gr. j., mix, and divide into four powders. Take one, and repeat every three to four hours until all are taken. When there is much determination of blood to the head, quinia is not indicated; and its effects are more uniformly beneficial where a laxative has first been given. I sometimes give Dover's powder in combination with the quinine rather than the morphia. If there is but a moderate degree of pain in the head, or if there is a little indication of a lax condition of the bowels, I prefer the latter combination.

If the quinia and anodyne combined fail to check the progress of the fever, sulph. morphia and tart. emetic, given in small quantities and at proper intervals, may be found beneficial. A cold solution of sup. tart. potassæ has the effect to cool the feverish condition of the system which at times prevails.

Opium, or in some instances the sulph. morphia, in cases attended with diarrhœa, has the effect usually to check its progress. Where dysenteric symptoms obtain, the opium, sulph. morphia, or Dover's powder, singly or in combination with sugar of lead, has often proved sufficient to arrest the irritation and mucous discharges. Enema of mucilage and opium, in case the last-named remedies fail, will generally prove sufficient to check it, either singly or in combination.

Ablutions with cold or tepid water, judiciously attended to according to the circumstances and condition of the patient, having reference at the sametime to the progress of the disease, are very useful.

The tinct. or ext. of valerian, castor, and opiate anodynes, may be relied upon with a good degree of confidence, to palliate general nervous irritability. It is sometimes found necessary to give Port wine, brandy, or carb. ammonia, to hold up and sustain the forces of the system, against the general prostration and sinking, which in many cases prevails. In patients laboring under a complication of a bronchial character, the usual expectorants, such as tart. emetic, ipecac., Vir. snake root, squills, &c., are useful to allay and even to check the progress of the bronchial affection. These may be given alone, or in combination with opiates or stimulants, as the circumstances may seem to require.

From some experience of the beneficial effects of the Cod-liver oil, I hesitate not to place it in the list of remedial agents in the treatment of Typhoid Fever, and especially when there is complication with disease of the lungs and mesenteric glands. In cases attended with wasting discharges and sinking of the powers of life, this remedy will be found, I think, useful to meet the indication; and, if the stomach will bear the cautious use of it in small quantities, its beneficial effect will make good any reasonable expectation.

Very much depends upon the use of a proper diet, and that to be varied somewhat, and carefully adapted to the condition and wants of the patient in the different stages of the disease.

ARTICLE II.—*Asiatic Cholera, an extract from a paper read to the Chicago Medical Society, by E. McARTHUR, M. D.*—(Continued from page 304.)

Having formerly selected 34 cases from more than twice that number of patients sick with Asiatic Cholera, and under my treatment in the year 1849, and reported them somewhat in detail in a paper read before the Chicago Medical Society two years since, I propose now to continue the subject matter by reporting the following cases, selected with care, and with as much accuracy as practicable :

I find by referring to my day and note-book, for the years 1850, 1851, and 1852—the present year—that a large number of patients sick with Asiatic Cholera have been under my treatment. In the following tables, carefully prepared with reference to date of attack, age, nativity, prominent symptoms, result as to recovery or death, I have likewise shown the proportion of patients who had, or who had not been exposed to others sick with the same disease previously to their attack. Of course this has been a delicate as well as difficult task, being necessarily dependant in a good degree upon the relations given by the patients themselves, their friends and acquaintances, and what personal knowledge I might possess in connection therewith. Those who have been engaged in the same field of professional labor in this city with myself for the past four years, or in other cities and localities where the Cholera has extensively prevailed, will, I trust, appreciate the difficulties in getting up such a report, and at the same time give me credit for candor in making it.

I have also prepared tabular views of the number of families in which these patients were sick, the number of subsequent attacks, and whatever else might be deemed interesting in a practical examination of the subject, either to the Medical Profession, or to the public at large.

It will be seen that we have selected forty-two cases under treatment in the year 1850, eleven only in 1851, and fourteen the present season. It may be well to premise that we saw and prescribed for more patients sick with Cholera in each year than the number reported. Also, that in 1851 my health was very poor, and consequently my practice was more limited than before or since that time.

	No. of Patients	Date of Attack.	Time Sick.	Time Attended.	Years of Age.	NATIVITY.						SYMPTOMS.						Result.	Sex.	P. S. D.	FAMILIES.						
						American	English	Irish	Scotch	German	Norwegian.	Hollander.	Swiss.	Cellarise.	Vomiting.	Prurging.	Rice water.				Crampling.	Other.	Dead.	Alive.	Exp. d.	Not Exp. d.	No Sick Attack
1	1	1850.																									
2	1	July 15	5 days	1 day	62																						
3	1	" 15	3 "	1 day	9																						
4	1	" 16	6 "	1 day	20																						
5	1	" 22	2 "	1 day	31	0																					
6	1	" 23	5 "	1 day	23																						
7	1	" 29	12 "	1 day	34																						
8	1	" 29	12 "	1 day	33																						
9	1	" 29	12 "	1 day	8																						
10	1	" 29	12 "	1 day	23																						
11	1	" 31	3 "	1 day	34																						
12	1	" 31	3 "	1 day	34																						
13	1	" 31	2 "	1 day	55																						
14	1	Aug. 1	3 "	1 day	14																						
15	1	" 4	11 "	1 day	3																						
16	1	" 5	11 "	1 day	10																						
17	1	" 5	5 "	1 day	6																						
18	1	" 7	8 "	1 day	2																						
19	1	" 7	7 "	1 day	32																						
20	1	" 12	1 "	1 day	34																						
21	1	" 12	1 "	1 day	1																						
22	1	" 13	4 "	1 day	1																						
23	1	" 13	4 "	1 day	3																						
24	1	" 19	3 hrs.	5 hrs.	36																						
25	1	" 22	3 days	1 day	1																						
26	1	" 23	2 days	1 day	1																						
27	1	" 23	2 days	1 day	21																						
28	1	" 23	2 days	1 day	20																						
29	1	" 23	2 days	1 day	22																						
30	1	" 23	5 "	5 days	36																						
31	1	" 24	1 "	1 day	1																						
32	1	" 23	2 "	1 day	23																						
33	1	" 23	2 "	1 day	34																						
34	1	" 28	1 "	1 day	38																						
35	1	" 31	9 "	1 day	3																						
36	1	ep. 13	4 "	1 day	35																						
37	1	" 14	4 "	1 day	4																						
38	1	" 23	4 "	1 day	16																						
39	1	" 24	1 "	1 day	4																						
40	1	" 24	3 "	1 day	6																						
41	1	" 27	2 "	1 day	5																						
42	1	" 27	1 "	1 day	36																						
43	1	Oct. 25	6 hrs.	4 hrs.	32																						
1	1	1851																									
2	1	July 18	4 days	1 day	14																						
3	1	Aug. 5	3 "	1 day	0																						
4	1	" 6	10 hrs.	4 hrs.	8																						
5	1	" 8	1 day	1 day	40																						
6	1	" 10	7 days	1 day	22																						
7	1	" 12	2 "	1 day	4																						
8	1	" 14	3 "	1 day	63																						
9	1	" 16	1 "	1 day	24																						
10	1	" 18	2 "	1 day	5																						
11	1	Sept 8	2 "	1 day	40																						
12	1	" 21	2 "	1 day	36																						
1	1	1852																									
2	1	July 8	3 "	1 day	1																						
3	1	" 8	1 "	1 day	8																						
4	1	" 16	1 "	1 day	35																						
5	1	" 16	2 "	1 day	2																						
6	1	" 18	8 "	1 day	9																						
7	1	" 19	1 "	1 day	5																						
8	1	" 20	2 "	1 day	0																						
9	1	Aug. 21	2 "	1 day	35																						
10	1	" 25	2 "	1 day	41																						
11	1	Sept 2	1 "	1 day	45																						
12	1	" 5	3 "	1 day	28																						
13	1	" 23	2 "	1 day	31																						
14	1	Oct. 13	18 "	1 day	38																						
15	1	" 13	2 "	1 day	19																						

* Sick 4 days before

* Sick 4 days before I saw † 14th Aug. gave birth to a daughter—mother and child done well.
 ‡ Father and daughter taken same day.

In order to make the above table easily understood and fully practical, in elucidating the peculiar elements and circumstances connected with the development of the disease here, so far as these cases may go to show, I have added the following sub-tables, which are principally collected from the foregoing :

No. 1—TIME SICK.

No. sick less than one day,	-	-	-	-	-	-	3
" sick one day,	-	-	-	-	-	-	13
" sick two days,	-	-	-	-	-	-	20
" sick three to four days inclusive,	-	-	-	-	-	-	13
" sick five to ten days inclusive,	-	-	-	-	-	-	15
" sick over ten days,	-	-	-	-	-	-	3
Total,	-	-	-	-	-	-	67

No. 2—AGE OF PATIENTS.

No. under ten years,	-	-	-	-	-	-	12
" ten, and less than twenty years,	-	-	-	-	-	-	4
" twenty, and less than thirty years,	-	-	-	-	-	-	11
" thirty, and less than forty years,	-	-	-	-	-	-	25
" forty, and less than fifty years,	-	-	-	-	-	-	8
" fifty, and less than sixty years,	-	-	-	-	-	-	3
" sixty years, and upwards,	-	-	-	-	-	-	3
" age unknown,	-	-	-	-	-	-	1
Total,	-	-	-	-	-	-	67

No. 3—NATIVITY.

United States,	-	-	35	Norway,	-	-	-	3
England,	-	-	3	Holland,	-	-	-	2
Ireland,	-	-	13	Wales,	-	-	-	1
Scotland,	-	-	2	Unknown,	-	-	-	1
Germany,	-	-	9					
Total,	-	-	-	-	-	-	-	67

No. 4—SYMPTOMS.

No. Collapsed,	-	-	-	-	-	-	47
" who vomited,	-	-	-	-	-	-	65
" " Purged,	-	-	-	-	-	-	67
" " had " Rice Water,"	-	-	-	-	-	-	65
" " Cramped,	-	-	-	-	-	-	57
" " had Consecutive Fever,	-	-	-	-	-	-	13

No. 5—EXPOSURE.

No. of Patients exposed,	-	-	-	-	24
" " " not exposed,	-	-	-	-	42
" " " unknown,	-	-	-	-	1
Total,	-	-	-	-	67

No. 6—RESULT TO PATIENT.

No. who recovered,	-	-	-	-	30
No. who died,	-	-	-	-	37
Total,	-	-	-	-	67

No. 7—SEX.

No. Males,	-	-	-	-	30
No. Females,	-	-	-	-	37
Total,	-	-	-	-	67

No. 8—FAMILIES, &c.

No. of Families in which the sixty-seven cases occurred,	-	53
" of Families in which there was 2d attack,	-	15
" " " " " 3d " "	-	5
" " " " " 4th " "	-	2
" " " where no subsequent attack,	-	48

No. 9—RELATIVE MORTALITY OF THE SEXES.

No. of Males who lived,	14	No. of Males who died,	16
" " Females who lived,	16	" " Females who died,	21
	30		37

But cases have been selected with reference to a knowledge either personal or relative, in regard to their history.

Whatever views the Profession may have entertained in regard to the contagious or non-contagious nature of Asiatic Cholera previously to its advent in this country in 1849, and its subsequent continuation with short intervals only, up to the present time, it would seem that enough has been seen of its progress and character to justify the conviction in the mind of the candid inquirer, that it should be classed with, and identified as strictly an epidemic disease.

We may look at the subject in a negative light first, and it will be difficult to point out a single distinctive feature in its onset and

progress, characterising contagious disease. In all the acknowledged contagious diseases, or nearly so, there is a sthenic condition of the vital forces; the blood circulates with increased momentum; the nervous energy is excited; sensibility is greatly increased; and all the elements and powers of excitation are augmented. To those who have seen the onset and progress of Cholera, it will be unnecessary to say that not one of these circumstances characterise this disease.

On the other hand, the force of the pulse is diminished, and in severe cases pulsation in the extremities entirely ceases; the nervous energies are prostrated, and all the vital powers gradually or rapidly waste away in proportion to its progress. If there are symptoms pathognomonic of any particular disease, those above enumerated may be fairly considered as such in regard to contagious diseases in contradistinction to this.

Most diseases of a contagious character and origin, seldom if ever attack the same person the second time; but on the other hand, having had the Cholera once, is no more immunity against a second attack, than once having the Intermittent Fever renders the individual incapable of being affected by it again. Indeed, there is much similarity in the way of commencement in these last two diseases, in the principles connected with their attack upon persons and communities. A simple change in the atmosphere is all that is necessary either to cause them to spread with fearful rapidity, or check their progress, and even to restore perfect health to society. There appears to be quite as much evidence of the one being contagious as there is of the other being so; the obscurity in relation to the predisposing cause having never been fully and practically obliterated, so that our senses could be cognisant of a material and palpable cause for either Intermittent Fever or Asiatic Cholera. And yet by common consent mankind have acquiesced in the opinion that a latent principle was at times concealed in the atmosphere, which caused such wide-spread affliction and suffering in human society by the one or the other of these forms of disease. In what respect a little appreciable change in the temperature humidity, or other inappreciable alteration of the air, should affect the liability of persons and communities to imbibe contagious dis-

eases, and so suddenly, is an inquiry worthy of solution by those writers who contend that Asiatic Cholera is contagious.

But we will now turn our attention to the consideration of Cholera as it has been developed in this city, without any further prelude.

In 1849, the first and second cases of this disease which fell under our own personal observation, had not been exposed in the least to any person having it, or having had it. This we learned by a rigid and thorough inquiry made at the time. And it will be seen, by reference to a former paper upon this subject, that in twenty-five families where this disease was found, sixteen did not have a subsequent attack. In the first case, as well as in a majority of the forty-two cases reported for 1850, there had been no exposure to persons sick with the disease. And by reference to the principal table in this communication, it will be seen that, in the eleven cases reported for 1851, there were but two who had previously been exposed, and there were but two subsequent attacks in the families where these eleven were sick. In the fourteen cases reported as having been sick with the disease the present year, seven only had been exposed; and in the families where eight out of the original number had been living, there has been no subsequent attack.

There certainly is no apparent resemblance in this statement of facts and view of the subject, to the effects and results of any contagious disease with which we have been acquainted. There are other views and illustrations in connection with the prevalence of this disease in this city and section of country which cannot be given in a tabular form, nor in the report of cases, even should they be greatly multiplied.

For these four years now last past, there has been a striking similarity in the circumstances attending the commencement of the disease in each year. For some days previous to its breaking out there has been an appreciable change of the atmosphere, which is easily felt and understood by those who have previously felt its influence and seen the consequences resulting therefrom.— Simultaneously with this atmospheric change we have had an almost universal tendency to derangement of the stomach and bowels. The appetite has been very suddenly affected in many cases;

in more, however, there has been flatulency of the bowels and diarrhoea. With many this diarrhoea has been of a bilious character, but very soon passing into that of a serous kind. In other instances the diarrhoea has been of a serous character from the commencement. This peculiar condition of the system has been felt for some time by a large portion of community, varying from one day to several, when all at once individuals have been attacked with Cholera in every ward in the city simultaneously, and in some instances in different parts of each ward. This general development of the disease in our midst has been at times after a few scattering cases. In other instances it has broken forth promiscuously through the city, where there had been scarcely a patient sick with Cholera for several weeks. On the night of the 13th of October of the present year, there were sudden attacks of Cholera in every ward of the city, attended with quite a number of deaths, and yet there had been very little of the disease in the city for a number of weeks previously, and most of what had been was confined exclusively to the foreign population. And but few if any cases occurred for weeks afterwards. And generally when this sudden breaking forth of the disease has been so fearfully manifested in our midst, not one in five—perhaps not one in ten—have been exposed in any way to those affected by it. It has furthermore been observed by most practitioners conversant with this disease, that oftentimes one or more persons have had it, and very seriously too—in many cases death being the result to the patient—in different families here and there; and although the balance of the families and numerous friends and visitors have been equally exposed to the sick, there has been no subsequent attacks which can be traced to this exposure. Indeed, if we can form any estimate of the liability of persons to an attack from this disease, by the experience of the four years past in which it has prevailed here, we can say with confidence that any person is less likely to be taken with it, however much exposed, if that person is calm, quiet, regular in general habits, temperate, &c., than another person who is fearful, excited, irregular in habits, intemperate, &c., even though he may not have been near any person having the disease, or in any other way have been exposed.

When Cholera prevails, a sudden change in the atmosphere for the better causes a corresponding improvement in the public health.

It is really atmospheric influence, and not exposure, which causes the breaking forth of this fearful scourge. And it is *appreciable* improvement, too, in the atmosphere which causes its subsidence, and not want of exposure. In this city Cholera has prevailed more extensively in low sections and neighborhoods, and especially if the inhabitants have used exclusively water from the wells, which are nothing more or less than reservoirs of surface water. There has been an appreciable difference in this respect in regard to locality. Those families using hydrant water (brought in pipes from Lake Michigan,) have suffered less—all other circumstances being equal—than those which have used well water. In this respect likewise there is a striking similarity in the causes which govern the development of the two diseases—Asiatic Cholera and Intermittent Fever. Those Physicians who practice in malarious districts well know the difference in the prevalence of Intermittents in low or elevated sections, and in the use of well water from low, marshy places, or good spring water.

The inhabitants living in this city who are temperate and prudent in their habits, regular in their calling and business, and at the same time avoid excitement, alarm, &c., have been comparatively exempt from attacks of Cholera; while foreigners who have recently come among us, the intemperate, the fearful, the poor fed and excited, have been exceedingly prone to it. Physicians who have had the most experience in practice with foreigners and paupers in the city, are almost universally inclined to the belief that with these classes of patients Cholera is rather the result of intemperance, want, irregularity, fear, &c., operating as an exciting cause, than to any other known cause. And most of these practitioners are fully persuaded that an epidemic influence operates as a predisposing cause, rather than that the disease depends in any respect upon a contagious influence.

ARTICLE III.—*Successful Operation for the relief of Hereditary Cataract*, by J. RICHARDSON, M. D.

MARGARET HANNAH, a native of Ireland, called on me in the Fall of 1849, suffering from congenital cataract of both eyes. She was twenty-four years of age. There was complete opacity of the

enses of both eyes; consequently, total blindness. After dilating the pupil by the application of belladonna, I operated on the left eye by breaking up the lens with the couching needle, and depressing it below the axis of vision, where I retained it until it became imbedded in the vitreous humor; then I had the patient placed in a dark room, and re-applied belladonna from time to time, and directed the frequent application of tepid water to the eye.—In four weeks from the time of the operation, she could bear a considerable degree of light, and began to distinguish objects clearly. I then operated on the right eye, with like success; though it was followed by more inflammation than succeeded the first operation, and a portion of the lens escaped into the anterior chamber, which, however, soon became absorbed by a moderate ptyalism.—It is now near three years since the operations were performed.—She has attended school for the last two years—has learned to read well, and write neatly. The greatest difficulty she has had to encounter, since her introduction into the world of light, was to learn the relative difference in the size, distances, and colors of objects. For a considerable period of time, she could not distinguish red from yellow, or blue from green, with certainty. These difficulties she has overcome, however, and she now enjoys as good sight as any person could well have, minus the lens; this deficiency is, in her case, in a great measure, obviated by the use of lenticular glasses. The mother of the patient lost her sight at the age of ten years, by small pox. After her marriage, she became the mother of three children, two of whom were born blind; so that Miss Hannah's blindness was not only congenital, but hereditary.

Springfield, October 25, 1852.

SELECTIONS.

Trans. of the Med. Soc. of the State of Georgia.

Observations upon the use of certain New Remedies. By L. A. DUGAS, M. D., Professor, &c.

BELIEVING it to be the duty of members of associations of this kind to make known such results of their observation as may be useful, I will beg leave to offer a few remarks upon the use of some of the medical agents recently brought into notice.

Chloride of Sodium, or *common salt*, has been, at various periods, proposed as a valuable remedy, but has attracted more than usual attention during the last twelve months.

I have long been in the habit of prescribing it alone, or in combination with the Bi-carbonate of soda, in certain forms of dyspepsia and general debility. From 10 to 30 grains of salt in a tumbler full of cold water, taken every morning on rising from bed, is highly promotive of appetite and digestion, when the dyspepsia is unattended with organic lesion of the gastric surface and seems to be rather dependent upon a state of atony. The soda, in an equal quantity, constitutes an useful addition where there is a tendency to acidity, and also when the kidneys do not secrete freely and properly. The remedy appears to be especially applicable to the cases of general debility and nervous irritability so common among our ladies of sedentary habits. It may be sometimes necessary to commence with a smaller dose than just mentioned; but I have stated that suited to the majority of cases.

In Acute Dysentery, I have found common salt often of striking usefulness, but it must in general be given early in order to realize its value. It is now ten years since I first witnessed its efficacy in this disease. I had been attending a mulatto boy, eight years of age, for four or five days without being able to ameliorate his condition. The onset of his attack was attended with high febrile action, which, however, gradually subsided as he became exhausted by the continuance of the countless, bloody, mucous stools, and painful tenesmus. The rectum rejected anodyne enemata as fast as they could be administered. Nothing I could suggest seemed to bring any relief; and I left him one night, thinking his case hopeless. On the next morning I found him wonderfully relieved, and was congratulating myself with the idea that my last prescription had "done the deed," when the boy's father announced that he had taken the liberty to omit my prescription and to give his son last night, in lieu of it, a cup full of strong fish brine, which afforded so much relief that he had just again repeated it. The stools became watery and less frequent, the tenesmus was entirely relieved and the patient convalesced rapidly.

I have ever since that time resorted to salt and water; when the high febrile excitement contra-indicated the immediate resort to anodyne enemata; and when the administration of these failed to give relief. In the early and high febrile stage, it will often subdue the fever and tenesmus most admirably, and the patient will rapidly recover.

The efficacy of this and perhaps of other saline purgatives in dysentery, probably depends upon its combined depletory and revulsive operation. The depletion is derived from the *small* intestines in the form of serous stools, and this action must also relieve, by revulsion, the morbid condition of the *large* intestines. The case loses the painful and alarming character of dysentery and assumes that of ordinary diarrhœa, which will either gradually subside or yield to vegetable astringents combined with opiates.

In the spring and in autumn, when the causes of periodical or paroxysmal fevers combine with the vicissitudes of temperature to produce diseases, in which the phlegmasiæ and the neuroses are so commingled as to re-act injuriously upon each other, we often find dysentery prevailing to so great an extent to constitute an epidemic. If the febrile excitement be then closely observed, it will often be found to present daily exacerbations, which must be prevented by the use of quinine during the remissions, in order that the remedies directed to the local affection may have time to prove beneficial. If the quinine be withheld each febrile exacerbation will aggravate the intestinal inflammation, and this, in its turn, will make the next paroxysm more alarming—until it be too late to avert the fatal result. The same may be said of the so-called epidemics of pneumonia, which are most prevalent in mild winters and in remittent fever districts.

In cases unattended with fever, I am in the habit of resorting, as soon as the bowels are *thoroughly emptied*, to enemata consisting of a teaspoonful of laudanum, or half a grain morphine suspended in half a gill of thin starch or mucilage, repeated until retained long enough to give complete relief. This plan will be found to succeed in the great majority of such cases. Yet, we occasionally encounter one in which the anodyne will not be retained, and it is then that I resort to the salt and water.

The dose that I administer is a teaspoonful of salt in a cupful of water, to be repeated every three or four hours until the stools pass off freely and without tenesmus. If the tenesmus returns, the salt should be again given, but at longer intervals.

I am aware that the sulphate of soda in similar doses has been highly recommended, and I have sometimes used it, as also the sulphate of magnesia, with decided advantage. Common salt, however, is less disagreeable, more convenient, and, I think, more efficacious.

Common salt has been of late urged in France, especially by M. Piorry, as a valuable substitute for quinine in Intermittent Fever; and if it can be thus used advantageously, the discovery would be one of great importance to those who cannot afford to purchase the more costly article. I have prescribed it in only two cases of Intermittent Fever; in one of which it proved successful, the patient having had but one paroxysm after its use was commenced. In the other, which was complicated with tubercular disease of the lungs and intestines, it increased the diarrhoea so much as to cause its discontinuance after the second dose. In these cases a teaspoonful in a tumbler of cold water was ordered three times a day. It is to be hoped that this application will be fully tested by the Profession.

Lemon Juice in Rheumatism.—There is perhaps no disease, for the relief of which more remedies have been and are still being continually suggested than rheumatism. The last in the list is lemon juice, of whose efficacy the British Journals are full. It may be known to some of those present, that I have for many years advocated the theory (first suggested by Prof. J. K. Mitchell, of Philadelphia,) of the spinal origin of rheumatic affections, and consequently the use of counter-irritations in the vicinity of the origin of the nerves leading to the seat of pain. My views upon this subject were published in the Southern Medical and Surgical Journal in 1837, and I have seen no reason to change them since. We, however, not unfrequently meet with cases of acute Rheumatism of great intensity, in which the spinal treatment cannot be energetically carried out on account of the inability of the patient to rest in any other position than upon his back. In these cases it is difficult to cup the spine often, and very painful to apply blisters to this region. We are then compelled to resort to other means. I should also add that the spinal treatment is by no means so speedily effectual when large joints are much affected with acute inflammation, as in cases of less violence. This is of itself an additional reason for the use of internal medicine, than which I have found nothing more useful than repeated emetics of tartarized antimony, followed in the evening by full doses of opium or morphia.

Within the last few months, however, I have been induced to try the Lemon Juice in a number of cases of acute rheumatism and in the exacerbations of the chronic form of the disease, and always with most decided advantage. The remedy is very grateful to the palate, and the patients own that they feel better as soon as they begin its use, and worse when omitted. I usually order a tablespoonful of the lemon juice of the shops to be taken every four, three, or two hours, according to the violence of the case and the toleration with which it is received by the stomach and bowels. It seems to promote the action of the kidneys, to keep the bowels solvent, to lessen general excitement, and to diminish pain.

So simple and pleasant a remedy in so formidable an affection is well worthy of farther and systematic trial.

Collodion and its kindred preparations, the solution of *Gutta Percha* in *Chloroform* and *Gum Shellac* in *Alcohol*, are agents which promise to be useful. Collodion has been much lauded as an application to Erysipelas, and it is, therefore, proper to hear the testimony against it as well as that adduced in favor of its efficacy. Having recently had charge of a case of this disease, I applied the collodion very early to the part affected and a little beyond the inflamed surface. But the disease extended rapidly from the ear to the face and scalp, and in a few days invaded the entire head and a portion of the neck. The collodion was persevered in to the last, without appearing to exercise any controlling influence whatever. My patient recovered, it is true, but I cannot attribute this result to the local application. This is the only case of erysipelas in which I have used it.

Solution of Gutta Percha in Chloroform.—This is made by dropping into a vial containing chloroform small fragments of pure gutta percha until the solution acquires the consistence of thick mucilage. It is then applied with a camel hair pencil, which should afterwards be repeatedly dipped in pure chloroform and carefully wiped with paper or old linen so as to prevent its becoming stiff and unfit for further use.

I will now relate the result of its application in two cases of cancerous affection.

Mr. L. had been troubled with an epithelial cancer of the lower lip which has resisted all applications for eighteen months. There existed, upon the right side of the median line and at the junction of the skin and mucous surface, a small and thin scale or scab, which would occasionally fall or be rubbed off, leaving a raw surface of exquisite sensibility exposed to irritation until another scab would be formed. Beneath this surface there was an induration about the size of a common pea, or rather a little larger, in which the patient frequently felt a very annoying sense of burning, and sometimes darting pain.

At this stage of the case, as the patient was averse to the knife, he was advised to try the application of collodion, which he diligently persevered in for about six months, applying it three or four times daily. This arrested the farther growth of the disease, relieved its itching and burning, protected its surface from ordinary irritants, but did not heal the denuded surface. He then substituted the solution of gutta percha in chloroform in lieu of the collodion. In a letter to me he thus described its effects:—"In a few days I saw and felt a change in the color of the sore and in the irritation; in a week or ten days, the lump disappeared and the irritation subsided, and in three weeks it was almost entirely healed over: in less than a month it was well, leaving an indentation on the lip."

In a note dated the 1st of this month, (April,) my patient writes me: "I begin to feel a return of it in the same place the cure was made eighteen months ago. Recently a lump has appeared in the lip; it is *hard* and sometimes a little sore—it gives me no trouble yet, but I am afraid of it." I will advise him to use the gutta percha and chloroform again.

The next case was that of Maria, a negress, about 50 years of age, who was sent to me from the country on the 3d of November last, with a cancerous ulceration of the mamma of several months' standing. Both mammary glands were very much atrophied, but the affected one was the smaller of the two, presenting nothing but a mass of scirrhus induration which seemed adherent to the thoracic walls, and in the depressed centre of which the remains of a nipple were to be seen drawn back and ulcerated. The ulcer covered a surface equal to the areola. The axillary glands were much enlarged, and the patient a prey to continual pain, especially at night, which deprived her of sleep.

Feeling satisfied that the knife promised no relief under such circumstances, yet unwilling to send her off without trying something, I put her upon the use of the gutta percha and chloroform, thoroughly coating the whole breast daily with it. The discharge from the ulcer would at first cause the pellicle of gutta percha to become loosened in twenty-four hours, so that the surface had to be cleansed before the application of the remedy. The suppuration, however, gradually lessened until the coating would remain a week—the painting still being made each morning. Under this treatment, the patient was gradually relieved of all pain about the breast and even in the axilla. She slept quietly at night, enjoyed her meals and felt quite well. Her general health improved, and she left at the end of one month, with instructions to continue the treatment perseveringly, and to get her master to inform me of the result. I have had no report from her since, but have learned incidentally that she never applied the remedy after she left here, and placed herself under the charge of some one who professed to be able to cure cancers—with what result I know not.

These two cases are narrated with the simple purpose of directing attention to an application which may stay, if it does not cure, so formidable an affection as cancer.

Solution of Shellac.—The costliness of the solutions of gun cotton and of gutta percha renders it desirable to have a cheaper article, that may be used as a substitute in cases which require the consumption of a large quantity of such plastic materials. A solution of shellac in alcohol has therefore been proposed for this purpose. This may be prepared by adding successively small bits of shellac to the alcohol of commerce until enough be dissolved to make a mucilaginous solution.

Some of the French practitioners having attributed to collodion

extraordinary antiphlogistic properties when applied over affected joints and other inflammatory affections, even more deeply seated, I determined to try, during last winter, the shellac solution in an old case of Rheumatism, in which most of the joints of the extremities were being successively invaded. The toes, ankles, knees, fingers, wrists and elbows were nearly all alternately implicated—becoming very painful and rapidly swelling, so as to be almost double in size in a day or two. I furnished the patient a bottle of the shellac solution, and ordered it to be painted over and around the joint as soon as it would commence to be painful, and to repeat the application several times a day until a thick coating remained, after which it might be applied only once a day. Under this treatment I was gratified to find that the patient could, in a few hours, arrest the pain and prevent the swelling of the joints to which he made the application. He stated that he never had any thing to give him such prompt and effectual relief, although he had been suffering such attacks every winter for the last ten years.—One joint or another continued to annoy him for a month, during all of which time he resorted to the shellac with the same success.

This is the only case in which I have tried this solution.

From the Nashville Medical Journal.

Professional Letters from Paris—Velpeau—Chomel—Hotel Dieu—Nélaton—Civiale—Roux.

PARIS, May 25, 1852.

Dear Doctor—I arrived here safe on the 21st, and soon met our friends, Prof. Lindsley and Drs. Duval, Brackenridge and some others, who, like myself, have been attracted to this head quarters of medical science. I find our colleague labors in the laboratory nine hours a day.

I have only as yet visited La Charite and shaken hands with the great Velpeau. He has but little of much interest in his wards. I saw him divide the tendon of the tibialis anticus muscle and operate for cataract. He has one curious case, to which he specially directed my attention. This is a salivary fistula, situated about three quarters of an inch behind the angle of the inferior maxillary bone, in a young man of 19 years. He says he had an abscess in the parotid region, which was open seven years ago, and this fistula is the result. The peculiarity of this case is in its position, so distant from the canal of Steno.

In his lecture of this morning, he dwelt upon the therapeutic effects of tinct. Iodine in mammary abscesses. Used of full strength, he has known excellent results in abscesses even with free suppuration, provided there is no internal organ affected.

We read this morning in the Presse,—one of the few newspapers which are now permitted to appear in Paris,—that one of the most

learned and celebrated professors of the Faculty of Paris, M. Chomel, has resigned, refusing to take the oath to the new government. The chair of internal clinic is thus left vacated in the school of Medicine.

It is said that the Prince President is about to abolish the system of "concours," by which the Professorships have hitherto with so much satisfaction been filled.

The old Hospital, Hotel Dieu, we are informed, is about to be broken up or removed. I think you will agree, with me that this ought to be done, when we find in one of the guide books of Paris, the assertion made, (I cannot say fact, for I hope for humanity and our profession it is not true,) that of the first 500 patients received into it during the cholera of 1832, only one survived; and only five of the first thousand. The location of this Hospital is certainly very bad.

MAY 26th.

Heard M. Nelaton lecture this morning, at the Hospital of the School of Medicine. My expectations were fully realized. He is an excellent clinical lecturer. In the course of the morning he used the blackboard three times to illustrate his positions and remarks. He first exhibited the pathological specimen of an old man who had died with an artificial anus. While preparing for an operation, he was attacked with pneumonia and immediately suffered from bed sores about the sacrum and hips. M. Nelaton remarked that M. Malgaigne had first observed, that while patients paralytic, for instance, may be upon the back for months without excoriations, yet the moment an acute inflammation attacks them, bed sores are the result. So in his case; the patient, although aged, was doing well until the lungs became invaded. Another remark he made was, that in all the post mortem examinations he had made of patients who had labored under artificial anus, he had invariably found the upper portion of the intestine involved in the affection inside, and the lower portion outside, as regards the mesial line of the body. His explanation is, that the upper portion of the bowels becomes distended and falls naturally towards the pelvis, while the lower portion being empty, is consequently pushed outwards or to the iliac fossa of one or the other side.

He next alluded to a case just received into the Hospital, seriously injured by a fall. In relation to the question of diagnosis of infiltration of blood under the scalp and fracture of the cranium, he said one could be easily distinguished from the other by these symptoms:

1st. In a bloody tumor simulating a fracture, let the surgeon press steadily upon it, and the fluid being displaced, he will feel the arm resisting the bone.

2d. Should an artery, divided in the injury, give rise to the

pulsation, according to its situation, compress the temporal or occipital vessels, and it will cease in the bloody infiltration.

3d. The pulsation of the brain differs from that of an artery; in one case it is an artery, in the other it is a mass moved by several vessels.

4th and lastly. If the brain be injured, and œdema of the eyelids ensue, the infiltration will take place slowly, and first exhibit itself under the conjunctiva. If the contusion be superficial, the eyelids will become puffed up at once; but if deep-seated, then it will appear gradual and be first subconjunctival. This difference in the same condition of these organs, is owing to the resistance of the membrane connecting the cartilages of the eyelids to the surrounding soft parts.

SATURDAY, 29th.

Went to the Hospital Neckar to see the celebrated Dr. Civiale. He is quite an indifferent lecturer, but an inimitable operator with the catheter or lithotrixy instruments. He stated in his *leçon* to-day, that the statistics of 11,000 cases of lithotomy exhibited one death for every 9 infants, 2 deaths for every 9 adults, and 3 deaths for every 9 aged persons. He says he prefers cutting to dilatation, to cure stricture of the urethra. He operated on a case by crushing a fragment of a stone he had broken at a previous sitting, with the instrument now generally if not universally employed, having a beak like a duck, with two branches, one sliding in the other. He is inclined to the opinion, but not definite, that chloroform prevents reaction.

M. NELATON'S CLINIC.—He presented two cases upon which he had operated. The first was an extensive necrosis of the femur, upon its anterior surface, near the knee-joint. An incision through the soft parts was made, and a variety of strong cutting forceps were employed to remove a considerable number of pieces of bone. The patient was a youth, and placed under chloroform during the operation. It was a tedious and somewhat embarrassing one.

The other one was the removal of the little finger with its metacarpal bone, for caries at the wrist-joint. The operation consisted of an incision from the head of the fifth metacarpal bone to its distal extremity, or metacarpo-phalangeal articulation, around which a palmar and dorsal cut was made, so as to pass the knife between the fourth and fifth bones of the hand, when the latter was disarticulated from the os unciforme. The cutting forceps were also used in the wrist-joint. Chloroform was again used, but did not act as favorably in this as in the previous case.

In alluding to the dangers of the operation, M. N. declared that it could not be performed without opening the carpal articulation.

Mr. Costello, the editor of the Surgical Encyclopedia of London was present at this clinic. He is frequently at this Hospital.

JUNE 1st.

At La Charite. M. Velpeau entered to-day upon the interminable question of cancer, preparatory to removing a diseased mamma. The French still hold to the terms of soft and hard cancers. M. V., like all prudent surgeons, is averse to operate upon every scirrhus, and especially upon ulcerations of a decided carcinomatous character. But like others, he does operate in certain cases. The one of to-day he thought wanting in several particulars to make up genuine scirrhus. I was greatly surprised to see him present the pathological specimen of tibia, which he termed encephaloid cancer, taken from a lady of Paris, who had received a fall some three or four weeks before. What would Mr. Stanly of London say to this carcinoma of a bone?

He removed the entire breast with a chain of glands, small, and not extending very high into the axilla, in two and a half minutes. You know he is not an expert or very dexterous operator; using, as he is compelled to do, the middle and not the fore-finger of the right hand, because of an injury to it in youth. Chloroform was used in this case; acted well.

JUNE 2d.

At the Hotel Dieu. And what a change has come over it since I was a student there in 1830 and '31. I went round the wards with M. Joubert de Lamballe, one of the best surgeons and best lecturers in Paris. I saw several interesting cases in his wards, and there is little doubt he is doing as much for French surgery as any one else. In one case of retention of urine for stricture, the bladder was punctured above the pubis, the stricture cured, a large fistula anterior to the testicles covered by a flap slid from the scrotum, and the patient is now nearly well. A case of stone upon which he operated six days previously was also doing well. The operation was the lateral, and performed with a bistoury.

A fractured leg he was treating with a folded sheet, placed transversely over it, so as to compress the limb upon the bed (hard mattress and folded cloths over it) while extension was maintained from the perineum of the fractured side and the ankle by handkerchiefs to the head and foot of the bedstead. A rhinoplastic operation was not very promising.

After the visit to the wards, I went into the amphitheatre, where I had so often heard Dupuytren lecture to some hundred students. I found the old veteran M. Roux in his place, and counted sixteen students and 9 interns around his table—this was his class, all told, and yet he had several operations to perform. M. Roux lectures, if any thing, worse than ever, being now very old; but still he operates with wonderful skill. At his present age, say near 80, I saw him go through every stage of his favorite method for cataract. Having many years ago operated upon 600 cases by the different processes proposed to relieve cataract, he ascertained that extraction

had been the most successful. Without the aid of glasses he performed this operation as well as any one. In extirpating the eye, chloroform was administered by an inhaler while the patient was in a sitting position. The impression was not good, and the operation badly performed. More than 8 minutes were consumed in its removal, and the patient suffered greatly.

JUNE 4th.

La Charite. M. Velpeau. His lecture to-day would have pleased you greatly. In relating the symptoms of a diseased os tinsæ, he came out against the modern use (abuse) of the speculum. He declared this instrument was never useful in displacements of the womb, or in diagnosing tumors projecting into the vagina. It was necessary, he admitted, in the topical application of medicaments to the os tinsæ. Few instruments had been more abused, and it was high time honest physicians should do all they could to arrest the furor among women for this indecent, unnecessary, and injurious examination. I could not but recollect your satisfactory argument on this subject last winter, when scolded at a consultation of old grannies for not using the speculum—viz.: that as the patient in question did not now bear children, she therefore had no womb, and the instrument was not required.

He removed the little finger of the right hand at the metacarpophalangeal articulation, for deformity. The patient had had the hand crushed some years ago, and this finger now projected upon its palmar surface. Velpeau remarked that there were two kinds of operation *per complaisance*—1st, simply to gratify the patient as to appearances; the 2d, because the deformity presents or interferes with his business or daily work. The surgeon, of course, is more excusable in operating under the latter circumstances than for the simple gratification, without any useful object in view.

JUNE 5th.

At Hospital Neckar. M. Civiale's service. Witnessed lithotomy by the lateral operation—instrument, the single lithotome cache; patient, boy of seventeen years; time, three minutes and a half; stone, apparently mulberry, size of a pullet's egg. There was rather too much parade before the operation in preparation for it, but it was well done. Civiale did not operate, but asked his right hand man, M. Le Noir, to perform it. Chloroform acted well in the case.

JUNE 7th.

Clinic of the School of Medicine. M. Nelaton. He gave to-day a most excellent lecture on internal intestinal obstructions. The case provoking the remark was this. A man aged 52 was sent to the Hospital by a friend of M. N., who for five days had no faecal evacuation, great meteorism of the whole abdomen, stercoraceous vomiting, but no fever; pulse 85. Croton oil was given in large doses, and the whole abdomen covered with ice. These means

produced immense faecal evacuations, with immediate relief to the patient. This morning he is very weak, pulse at 120, no appetite, and it is apprehended he will die.

The surgeon took occasion to enlarge on the subject of intestinal obstructions arising from internal causes. These he mentioned were three. 1st. Those arising from substances foreign to the bowels; they may come from without, or originate within; instances cherry stones, etc., and biliary calculi, etc. 2d. Intestinal ulcerations, particularly in tuberculous subjects. 3d. Strictures, especially produced by the appendix vermiformis. Of this latter variety two specimens were exhibited. He of course spoke of these affections independent of hernia.

He lastly alluded to the operation for the relief of these internal strictures. He said surgeons were averse to operate, because they could not tell where the mechanical obstructions existed, nor could it be always relieved by opening the abdomen. He says Dupuytren, in 1718, proposed to establish, under these circumstances, an artificial anus, by opening the intestines above the stricture. M. Laugier performed this operation in 1838; result unknown; but next year M. Maisonneuve succeeded perfectly.

M. Nelaton has now operated several times, with and without success, and he now thinks that this ought to be considered an established surgical operation.

In the diagnosis of internal intestinal obstructions, the surgeon must be influenced by its sudden production.

Very respectfully, yours,

PAUL F. EVE.

From the Boston Medical Journal.

Method of Remedying Accidents caused by Chloroform.

A letter from M. Ricord was published in the *Journal de Chimie* in January, 1850, in which he describes a simple method practised by him in cases of serious effects from the use of chloroform. He gives the particulars of two cases in which the method was successful. These we copy from the *London Lancet*.

"Case 1.—The patient who furnishes the subject of my first case, was a woman of about twenty-six, from which I was about to remove some growths of no great size. She was previously chloroformed, to which she only submitted after repeated entreaties, for she appeared to be excessively timid.

"The anæsthetic effect of the chloroform was very rapid, for after a few respirations she appeared asleep; the sponge was removed, and I commenced excising the growths, but had scarcely given two or three cuts, when one of my assistant surgeons told me that the pulse appeared to be failing. I now saw, in fact, that the beating of the heart was suspended, that all respiratory move-

ments had ceased, and that the lips were livid, and hung down. The limbs were completely relaxed, and the paleness of the face showed that the patient was in that state of syncope which is the herald of death. All the remedies indicated in such a case were forthwith employed, as cold currents of air, sprinkling cold water on the face, tickling the nostrils, &c. Artificial respiration, by pressure on the walls of the chest, was tried.

"The syncope continued, and death seemed close at hand. I began to be uneasy, and determined to try direct insufflation. I applied my mouth to that of the patient. After some inspirations the dying woman gave a sigh, her chest heaved, the face resumed its normal color, the heart and pulse commenced beating in an appreciable manner, and the eyes opened; respiration had again brought into play all the functions of life, and the return of sensation was evinced by a smile. The patient was saved, and we escaped with the fright.

"Case 2.—The second time that I experienced the dangers of chloroform was with a patient under my care in the Southern Hospital (Hopital du Midi.) He was a young man whose case required circumcision. As this operation is generally painful enough, he asked me to send him to sleep with the chloroform. A sponge impregnated with it was given him to respire from: the action was very rapid, without any appearance of preceding excitement, and the patient was soon plunged in total insensibility. I performed the operation, but when it was concluded, the patient did not recover his consciousness, and remained in a state of alarming stillness. The pulse gradually sunk; the heart ceased to beat; all the sphincters were relaxed, and his cadaverous face seemed to testify that death was near.

"All the means I have indicated in the preceding case were tried but without avail, and it became necessary to have recourse to insufflation, which had already so well succeeded in one case. Success crowned my efforts, and the patient recovered."

From the Charleston Medical Journal.

Chloroform in Obstruction of the Bowels from Spasms, by J. D. CAIN, M. D.

Every physician meets, in the course of his practice, with cases of obstruction of the intestines, which have come gradually or suddenly, generally from some cause of irritation existing in them.—The obstruction in these cases consists of a spasmodic contraction of a portion, or of portions, of the intestines, generally the small.—The plan I formerly pursued was to cease all attempts at forcing a passage by means of cathartics, if one or two brisk cathartics failed, and to resort to opium freely, enemata of warm water, melted lard or butter, sweet oil, etc., the warm bath, fomentations to the abdo-

men, and other means of inducing relaxation. For more than two years I have used chloroform, as a more powerful agent than opium and its preparations, and as more certain in relaxing the muscular system. The chloroform, administered in greater or less inhalation, soon produces a greater or less degree of resolution, and, taking advantage of the relaxation thus effected, I give enemata, either stimulating, mucilaginous, or oily, which in a short time bring away faecal matter. The inhalation may be repeated as frequently as, in the judgment of the physician, the case demands.

Chloroform possesses the immense advantage over opium of relieving effectually and promptly the pain, and in not leaving the bowels in a constricted state, the sedative effect soon passing off.

Seven cases have been thus treated by me with highly satisfactory results. In one case only, have I experienced any difficulty in inducing the requisite degree of relaxation of the bowels. The subject of this case was very slightly susceptible of its influence; but the pain was completely relieved by frequent inhalations, and the obstruction gradually overcome.

From the London Lancet of June.

On Strictures of the Urethra, by G. J. GUTHRIE, Esq.

1. A hard and elastic, or intractable stricture is never permanently cured by dilatation, or by the application of caustic, although it may be materially relieved by the regular periodical use of a dilating instrument.

2. That the division of an old, hardened, or elastic stricture through the perineum is not usually followed by a permanent cure, although it is always attended by immediate relief. The disease being apt to return unless a solid sound or a catheter is occasionally passed to prevent it.

3. That the operation of dividing the perineum and urethra in such cases is sometimes attended by severe hæmorrhages, by fever, and is occasionally followed by fistulous openings, giving rise to much inconvenience.

4. That such division does, in some instances, effect a permanent cure.

5. That the division of the urethra through the external parts should never be attempted in any portion of it anterior to the bulb, such operation not being necessary; for the narrowest stricture of the pendulous or movable part may always be divided internally with much less comparative danger than by the external incision, inasmuch as the instrument can be guided through this part by the finger and thumb of the left hand of the surgeon with a certainty almost unerring.

6. That the stricture considered by all surgeons as the most important and difficult of cure—viz., at the termination of the

bulbous portion of the urethra—may always be divided, when impassable, by a *straight* instrument, and, in general, more easily, than by a *curved* one; the use of which is founded on the erroneous belief that the stricture is situated in the membranous part of the urethra, instead of being, as it is anterior to it.

7. That the division of a stricture should, if possible, be effected by an instrument passed through it, and cutting from behind forwards, rather than from before backwards, although a combination of both methods will frequently be necessary to insure success.

8. The division of a stricture by these means will not always insure a permanent cure if more than the mucous membrane is implicated, unless such parts be divided also.

9. That in cases of intractable stricture, the mucous membrane, the inner layer of involuntary muscle, and the elastic tissue external to it, should be divided, when the operation is done from within, but not the outer layer of muscular fibres, which should remain as a barrier between the stream of urine and the common integuments of the external parts—an accuracy of division not always to be attained: whence, perhaps, the difficulty of effecting a permanent cure.

10. That when a permanent cure is effected in these cases, the divided elastic wall of the urethra is not re-united by a structure exactly similar to itself, but by common areolar tissue, rendering the part more dilatable under the pressure of the stream of urine; the formation of which dilatation can be aided during the progress of the cure by pressing on the divided part with the point of a solid instrument passed daily for the purpose of preventing, if possible, that contraction which always takes place during the process of cicatrization; a proceeding which cannot be advantageously adopted when the parts are divided through the perineum, lest it should encourage the formation of a fistulous opening, to which there is always a tendency.

11. That in cases of intractable stricture accompanied by one or more fistulous openings in the perineum, in *young persons*, or of middle age, the operation through the external parts, or along the urethra, may be resorted to at the pleasure of the surgeon with an equal chance of success, provided the division of the obstruction or bank preventing the free passage of the urine be effectually divided, the *sine qua non* of the operation.

12. That the operation within the urethra, should always be preferred in *elderly* persons, particularly if somewhat stout or fat, as less likely to create severe constitutional disturbance; and if this operation should fail from any cause, it by no means interferes with the due performance of the other through the perineum, which in serious cases then becomes imperative, as the last resource capable of giving relief.

From the Archives Generales de Medecine.

On Infantile Paralysis, by M. RILLIET.

In an essay by M. Rilliet on "Essential Paralysis of Infants," we find a large amount of interesting matter, the most practical portion of which we shall endeavor to condense.

1. *Definition.*—The author applies the term "Essential Paralysis" to more or less complete loss of power, with or without loss of sensation, and unaccompanied by any signs of lesion of the nervous centres. This form of paralysis is often incurable, but does not of itself shorten life, for which reason it is difficult to find its structural causes; for even if the spinal marrow or brain shall exhibit certain lesions, it becomes doubtful whether they are not the results, rather than the causes, of the paralysis.

2. *Seat and Mode of Attack.*—Essential paralysis occurs in three different ways: sometimes it attacks the patient suddenly in its highest degree, and without obvious cause; at other times it is preceded by cerebral disturbance and convulsions, as during dentition, but in these cases, also, the loss of power is sudden and not progressive. Thirdly, it may approach gradually.

When paralysis is sudden, and not preceded by cerebral symptoms, it mostly appears in the upper extremities. An infant goes to bed well, and next morning it is found paralysed in one arm. Another sits on the damp ground, and one leg is suddenly discovered to have lost the power of motion. At the same time there is no perceptible derangement of the general health.

When cerebral symptoms precede, these usually consist of somnolence, strabismus, dilatation of the pupil, and headache. These symptoms speedily subside. At other times violent and repeated convulsions occur; these cease, and paralysis is found to have supervened. Paralysis sometimes succeeds chorea, as in cases cited by Drs. Kennedy and Lee. It also appears in the course of exanthematic fevers, and is then generally discovered for the first time when convalescence commences.

3. *Symptoms and Progress.*—In whatever way infantile paralysis commences, it presents two periods,—one, that of paralysis, the other, that of atrophy. In some fortunate cases the disease does not proceed to the latter extent. The symptoms vary with the part affected. If the arm is the seat of the disease, it hangs lifeless, and if lifted falls again to the side. The paralysis is sometimes complete, at other times limited to certain sets of muscles. In some instances the fingers are flexed upon the thumb.

So also in the lower extremity the loss of power may be complete or partial. If the child does not walk, it kicks the sound leg about, while the other lies motionless. The paralysed limb is not the seat of any pain. The color and temperature of the skin are

often normal. The sensation is generally intact. In fact, the paralysis of motion constitutes the entire malady.

The progress of the disease is not always the same; it may disappear completely and rapidly, or it may persist with or without amelioration. In the latter case, sooner or later, the second period or that of atrophy commences. This is marked by diminution of temperature, wasting of the muscles, and arrest of growth of all the structures together, so that the limb is perceptibly smaller and shorter than the other. In proportion as the temperature diminishes, so does the skin change color, becoming more and more livid.

Fresh observations on the conditions of the vessels of paralysed limbs are necessary, but it is obvious that these tubes are involved in the general atrophy. The pulse at the wrist is, in some cases, scarcely to be felt.

As a farther consequence of infantile paralysis, the spinal column becomes variously distorted, and the limbs themselves may be deformed. Thus, in paralysis of the arm, and atrophy of the deltoid, the head of the humerus may be completely dislocated, the weight of the limb stretching the capsular ligament, until it allows the head of the bone to glide out of the glenoid cavity. Such cases are described by West, and one is reported by the author of the present memoir.

Heine has described deformity of the lower limbs thus paralysed, consisting of flexion of the thigh upon the pelvis, and of the leg upon the thigh. The paralysis of one set of muscles, and antagonistic contraction of others, give rise to the different varieties of club-foot.

5. *Causes.*—Authors agree that this form of paralysis is more common in the first and second years of life than subsequently. In two-thirds of the cases on record the child was between the ages of six months and two years. However, West, Kennedy, and Heine have known the disease to attack children as late as five, six, and seven years of age. Sex has no influence on the disease. It is more likely to occur, in the opinion of some writers, in robust and well-formed, than in feeble and ill-nourished children; but such is not the author's experience. Among the occasional causes may be mentioned chills and blows.

6. *Diagnosis.*—The diagnosis of paralysis is not difficult, but it is not always easy to say whether the palsy is essential, or symptomatic of lesion of the nervous centres, unless the symptoms of the latter diseases have been well marked. The diseases of the brain which commence in convulsions at the age most liable to essential paralysis, are meningitis, tubercular hydrocephalus, and meningeal apoplexy. The two former diseases are generally accompanied by disturbance of the sensorium, which are not seen in simple paralysis, and are moreover generally mortal. The same

may be said of meningeal apoplexy, which is moreover commonly followed by tonic contraction of the limb. M. Ozanam believes that meningeal apoplexy is the cause of all the cases of paralysis which are preceded by convulsions, but he does not adduce a single fact in support of his theory.

This form of paralysis can be confounded with diseases of the hip only by a very careless observer, and from the progressive muscular atrophy mentioned by M. Arau, it is distinguished by the latter being an affection peculiar to adult life.

7. *Treatment*.—West and Kennedy trust to purgatives and tonics, but allude entirely to the treatment of the stage of simple paralysis. Heine goes deeper into the subject, and endeavors to remedy the stage of atrophy also. The indications of treatment proposed by him are:—

1. To awaken the nervous power of the spinal marrow and nerves of the affected limb. 2. To restore the deformities by orthopedic measures. 3. To invigorate the constitution.

For the fulfilment of the first indication he gives nux vomica internally, and applies it in frictions along the spine. Electricity has failed entirely, but he has been more successful by well-regulated gymnastic movements of the wasted limb. For this purpose various ingenious instruments have been devised, which our space will not allow us to particularize.

From the American Medical Journal.

On the Duration and Extent of the Protective Power of Vaccination, by O. C. GRUBS, M. D., of Perry, Lake County, Ohio.

The question concerning the duration and extent of the protective power of vaccination, has from time to time, since the days of the illustrious Jenner, engaged the serious attention of the medical profession. As yet, the anxious question remains unsettled. Dr. Gregory, of London, as well as others, have of late been trying to shake that confidence which the sanguine predictions of Jenner inspired. Among the conflicting opinions, the public are anxious to know which is the right; are anxious to know what is the *extent* and *duration* of the protective power of vaccination.

Dr. Gregory asserts that the protecting power of vaccination is far less than of variolous inoculation; and also, that the comparative slight safety which it offers is but *temporary* in duration.

It would seem as though the combined experience of the medical profession might set this question forever at rest, if that experience was based upon unexceptionable observation. My experience, like that of every country practitioner, who has numbered but a few years of practical observation, is slight, yet such as it is, it bears directly upon the question under notice.

In the winter of 1850, I was called to see a boy who had never

been vaccinated, and in whose case the variolous eruption was just making its appearance. There were six other members in the family, varying from two to forty years of age, all of whom had been vaccinated but the two youngest, whose ages were respectively, two and four years. The parents had been vaccinated when young; I had been vaccinated when but eight years of age, and neither they nor I had been revaccinated, neither were we. On the following day, I vaccinated those who had not previously been, with vaccine matter which was several years old. The vaccine disease was produced in the oldest of the two, but not in the young one. On the third day from the first vaccination, I revaccinated the younger, and the vaccine disease failing to appear, on the third day from the last vaccination I performed variolous inoculation; but, fortunately, on the following day, the vaccine disease was manifested through the first vaccination, and it run its regular course, rendering the variolous inoculation abortive. This child, the rest of the family, and myself, all escaped the disease. There was but one room in the house, and that confined and filthy.

The mother was four months pregnant, went her full time, and was delivered of a child presenting no marks of previous disease.

Since the above, I have attended one case in a family of five persons, all of whom had been vaccinated but the subject of the disease. The remainder of the family escaped the small-pox, though the parents had been vaccinated for at least thirty years, and had never been revaccinated.

Here are persons repeatedly exposed with impunity to the variolous contagion, who have had the vaccine disease thirty years before, and others, with equal impunity, who took the cow-pox eight days after the small-pox exposure.

These facts, of course, are too limited from which to draw a safe conclusion; yet, they induce us to hope that an accumulation of closely scrutinized observations may lead us to a more favorable conclusion than that advanced by Dr. Gregory and his compeers in opinion.

Perry, Lake county, Ohio, August 20, 1852.

EDITORIAL.

The Principles and Practice of Surgery, by JAMES MILLER, F. R. S. E., etc ; third American from the second and enlarged Edinburgh edition ; illustrated by two hundred and forty engravings on wood. Revised with additions, by F. W. SARGENT, M. D.: p. 751, 8vo. Philadelphia, Blanchard & Lea, 1852.

The Principles and Practice of Surgery, illustrated by 316 engravings on wood ; by WM. PIRRIE, F. R. S. E., Regius Professor of Surgery in the Marischal College and University of Aberdeen, etc. : Edited, with additions, by JOHN NEILL, M. D., Surgeon to the Pennsylvania Hospital, etc. ; p. 784. 8vo. Philadelphia, Blanchard & Lea, 1852.

Lectures on the Principles and Practice of Surgery, by BEANSBY B. COOPER, F. R. S., Senior Surgeon to Guy's Hospital, etc. ; p. 771, 8vo. Philadelphia, Blanchard & Lea.

THE press in this country has been prolific in books of Surgery. Within the last ten years we have had Operative Surgeon's Principles of Surgery, Lectures, Hand-books, Minor Surgery, Text-books, Systems, Elements, Monographs, etc. Many of these present points of excellence calculated to render them popular and useful works. The rapidity with which they have succeeded one another, has only kept pace with the changes of doctrines and the improvements and alterations which are daily taking place. Hence each new work has been hailed as an accession to surgical literature and an improvement on that which preceded it.

In this respect the works whose titles stand at the head of this page, may be praised as inculcating an improved pathology, and directing, in some instances, better methods of treatment. Miller's in particular, which is devoted to the pathology only of surgery, was favorably noticed in this Journal on the occasion of the issue of a former edition. The present is an improvement on that edition.

Prof. Pirrie's work is said to have been received with great favor in England, and has been generally praised by the medical press in this country.

Notwithstanding all these merits and successes, we think that we hazard nothing in asserting, that there is not in the English language, at the present time, a single work on Surgery which affords a tolerably fair view of the present state of the science. Such a work as should give a clear and concise view of the principles, with all the varieties of treatment and operations which have been proposed, and a just appreciation of each, is a desideratum. It may be said, that in the present state of our knowledge it would

be impossible to bring such a work within reasonable limits, that it would be too voluminous to be read, if not too expensive to be purchased. This is erroneous; Boyer's Surgery, in eleven volumes, presented, in the early part of the present century, a sufficiently full account of the entire science, and has not to the present time been entirely superseded as a work of reference for the practitioner. Cooper's Surgical Dictionary filled a similar place in English literature at that time, and is still equal to any work in the language on many points.

There is no new English work to take the place of this. That the production of such a work is not impracticable is shown by the works of Vidal in French. This work, in five volumes, contains about the same amount of matter as Boyer's and is the kind of work demanded both by the student and practitioner. We have thought of presenting to our readers a chapter of this work, translated, in contrast with one on the same subject, from one of the works under notice, but we find that most of the subjects which would be interesting are not noticed at all in the latter.

A work on Surgery, such as we have described, would meet the wants of students as a "text" book, and of practitioners as a work of reference. An ordinarily industrious student will read during the winter time, all the articles on the subject of each day's lecture, in three or four of the most voluminous books on surgery in the language, without taking too much of his time. To limit his reading to a single "horn-book" or hand-book, as is too generally done, is a great error. The work which he needs is precisely that the practitioner wishes to refer to, viz.: one which gives a full view of each subject and the principal methods of all operations. Such a work need not be more voluminous than Cooper's Surgical Dictionary, many of the points formerly discussed at length being now settled, thus furnishing as much occasion for omitting old as for the introduction of new matter.

There is a chapter at the conclusion of Dr. Miller's work on Anæsthetics which, as embodying the opinions and the results of practice in Edinburgh, is worthy of attention. Dr. Miller, and the Surgeons and Accoucheurs of that city, prefer chloroform to ether. They administer it on a "handkerchief, lint, or sponge arranged after the fashion of a cone, saturated with chloroform, held at the

distance of a few inches and gradually brought nearer until the mouth and nostrils are fairly inducted." As to the quantity used "the object is to produce insensibility as completely and as soon as we can, and there is no saying *a priori* whether this is to be accomplished by fifty drops or five hundred. We begin with generally two or three drachms spilt on a handkerchief or lint, and we refresh that or not as circumstances require." There are two points insisted on by Prof. Miller which are *essential* to the safe use of chloroform, and doubtless also of ether; these are, 1st, that the article should be pure; 2d, that its effects should be watched and its administration superintended by some experienced and competent person.

In regard to the purity, it appears that such an article as *pure* chloroform is entirely unknown in this market. Setting aside that often met with containing chlorine or muriatic acid, in a form absolutely irrespirable and poisonous, of which we have met with two specimens from good apothecaries, that directed by the Pharmacopœia contains, it seems, a portion of empyreumatic oil of exceedingly dangerous properties. Having recently used an article which had been subjected to an additional washing and distillation beyond that of the officinal process, we have noticed a perceptible difference in its action from that of the best we have before employed. Dr. Miller thinks its use diminishes the mortality of operations, and that it is only inadmissible in operations on the mouth and air passages, but should be used cautiously in cases of diseases of the heart and in hysterical subjects. In merit we rank 1st, Miller's; 2d, Pirrie's; 3d, Cooper's Lectures, and object to all of them, rather on the ground of imperfection than for any erroneous doctrines they contain.

D. B.

Clinical Lecture, in the U. S. Marine Hospital, by W. B. HERRICK, M. D.

In a previous lecture we gave our definition of assimilation and excretion, and also pointed out their separate stages. We propose now to examine the physiological pathology of each of these processes, commencing with primary assimilation, and as we proceed shall use cases in the wards to illustrate our views of meeting the several indications.

We may, for the sake of convenience, divide this process into two stages, viz., mastication and solution of the food, and its absorption into the lacteals and veins. It is evident that there may be morbid phenomena arising from imperfect performance of either of these functions. There are certain conditions in which it is impossible for solid food to be perfectly prepared for introduction into the stomach, as in mechanical defect of the dental organs, or the muscles concerned in mastication. There may also be disease of the fauces or œsophagus, and paralysis of the muscles of deglutition. In such cases the indications are of course to introduce nutriment in a fluid state, in the natural manner if possible; but, if necessary, through a stomach tube. If this is not feasible, we may introduce it per rectum in such a condition that it may be absorbed from the lower intestines. For this purpose we should select saccharine, starchy, or albuminous substances, for reasons which we shall see hereafter.

The saliva secreted during mastication is of two kinds, and seems intended to subserve different purposes. That from the sublingual and parotid glands has the consistence and appearance of water, and seems to be designed principally to saturate the food, and thus to favor its mechanical division; while that from the submaxillary glands is thick and viscid, and seems mainly to facilitate deglutition. The mixed saliva also possesses the property of acting to some extent on amylaceous substances, tending to change them into sugar. M. Bernard has concluded, that the agent producing these changes in starch is not different from some other nitrogenized matter undergoing change. This property of the saliva is destroyed by acids. You will see from what we have said that the condition of the bolus, introduced into the stomach, may be modified very much by the manner in which these glands perform their functions. An arrest of the salivary secretion would render necessary for the solution of the food an increased amount of the gastric secretion. If, then, there be a deficiency of saliva, our object will be to excite the glands by the administration of substances which are known to have an influence over them; such, for instance, as the mineral acids which seem to act chemically by their affinity for the alkaline secretion, or by the use of salines which probably favor exosmosis, and generally by the administration of substances

containing Iodine or Chlorine, agents known to possess a specific influence over secreting structures. You have all observed in the Hospital instances in which a dry tongue and mouth has been moistened, and all the secretions rendered abundant in a very short time under the influence of Chloride of Sodium, or Nitro. Mur. Acid; the same results may be accomplished by the use of the Chlorides or Iodides of Mercury, Potassium, and, perhaps, other Haloid compounds.

The food having been received into the stomach may have morbid phenomena from two distinct sets of causes: First, there may be want of muscular action of the walls of the organ, from which it happens that the alimentary mass is not brought in contact properly with the secreting surfaces, and intimately grinded with the gastric juice. The process of solution is therefore slow, and more or less imperfect. This deficient action may not be confined to the stomach, but extend through the whole length of the alimentary tube, giving rise to constipation primarily, and secondarily to all those accidents dependent upon it. In such cases we may direct our efforts either to the muscular structure of the organs, by giving those medicines that excite muscular contraction, such for instance as strychnia and general tonics; or we may act immediately on the food by administering solvents for it, as the Muriatic and other acids which are known to possess the power of dissolving albumen. The Nitro. Mur. Acid, as you have often seen it prescribed here, generally has the effect to keep the bowels open, and we are sometimes obliged to stop its use, from the fact of its producing too free evacuations. Another class of morbid phenomena depend on an excess or deficiency of the secretions proper to the tube, and those coming into it from glandular organs, as from the liver and pancreas. The capacity of the stomach to digest food will depend evidently on the quantity and quality of the gastric juice, as well as upon the muscular activity of the organ. In the affection commonly known as dyspepsia, difficult digestion, we may have one or both of these conditions, and our indications of treatment will be modified accordingly. If there is already circulating in the blood-vessels a sufficiency of nutriment we may reduce the quantity of food to the capacity of the stomach, while at the same time we endeavor to restore to the organ its functions by the administration

of tonics and stimulants if there be debility, and of substances exciting the secretions if they are defective; and, on the other hand, we administer a quality of food for the introduction of which into the system the action of the stomach is not required.

In order that we may be understood we may here remark, that there are three classes of substances entering into the composition of the tissues and fluids of the body, viz.: albuminous, carbonaceous or hydro-carbonaceous, and mineral, consisting mainly of Lime, Potash, Soda, Magnesia, and Iron. Albumen, salts, and the starchy portions of the carbonaceous elements are introduced through the mesenteric veins and, with the exception of the minerals, require the action of the juices of the stomach; while oils, which subserve the same purpose in the economy as starch, pass through the stomach unchanged, till, meeting with the pancreatic fluid, an alkaline secretion, they are formed into an emulsion which is taken up and introduced into the blood-vessels through the lacteals. The final disposition of these classes of nutriment is also various. The carbonaceous substances, both fatty and amylaceous, serve as respiratory food, and also furnish the fat which is deposited in the cellular tissues. Albumen and the minerals, on the other hand, enter into the composition of the solids, and are designed mainly for the manufacture, so to speak, of the different structures.

You will see, therefore, why we have prescribed oils in cases where there was faulty action of stomach, or obstruction of the portal circle, with, at the same time, no evidences of deficiency of the pancreatic secretion; on the contrary, albumen, saccharine, and starchy substances are indicated when from any cause the pancreas does not perform its functions.

The biliary matter modifies no doubt, to a certain extent, the digestive process, especially below the opening of the hepatic duct. A deficiency of this material may probably, from the want of the stimulus which it affords, result in constipation; if, however, this deficiency is dependent on the retention of the bile in the ducts, rather than upon defective action of the secreting cells, we are more likely to have congestion of the capillaries of the vena portarum, with consequent engorgement of the larger mesenteric veins, and finally copious watery discharges; or we may have, as

in the first instance, constipation from the want of the stimulus which the bile furnishes, primarily, with diarrhoea from portal congestion, secondarily. This is a vice of primary assimilation, which you will not unfrequently be called upon to treat. It is evident that the therapeutical indications are to maintain in the terminal branches of the biliary ducts a soluble condition of their proper secretion, consisting mainly of fatty acids. This is accomplished normally by the union of an alkali, soda supplied by the arterial branches. This fact directs us to the means of fulfilling the indications, and it has been found that alkalies and especially soda, are efficient in correcting the morbid conditions to which we have alluded.

The small glands of the intestines are subject to disease, but whether they affect nonprimary assimilation or secondary secretion is a question which, in the present state of our knowledge, is undetermined.

We have alluded to the office of the lacteals as the bearers of fatty materials alone; they do, however, absorb from the intestines some other substances, but which are secreted from the chyle, according to M. Bernard, by the mesenteric glands, and probably transferred by them to the mesenteric veins. It seems, therefore, to be the office of these glands, in part, to prevent from passing into the blood any substances which are imperfectly prepared, and which require for their elaboration the action of the liver. Hence it is, that in diseases of these glands the purest oils, which on their part require the least action, are indicated.

Hæmorrhagic Diathesis.

MESSRS. EDITORS:—In the July number of your Journal I reported (see page 110) a case of spontaneous hæmorrhage into the tissues, with a brief account of the symptoms and history of the patient. I then promised to inform you further in regard to the treatment of the case at some future time. From previous observation of cases of this diathesis, I had been led to regard the essential fault as consisting more in a want of contractility in the capillary blood-vessels, than in the constitution of the blood. In the case to which I allude, the oft-repeated bleedings from the nose and elsewhere had induced a well marked anemic condition of the blood,

which now co-operated with the want of contractility of the capillaries in increasing the hæmorrhagic condition. Hence we had two indications to fulfil by treatment, viz. : to improve the quality of the blood, and to increase the tonicity and contractility of the capillaries. To accomplish the first, I directed him a plain nutritious diet consisting of animal broth well salted, and milk, with the Tinct. Ferri Murias. To accomplish the second object, I directed the Tincture of Ergot, which was suggested by the alleged fact, that Ergot when eaten with bread, &c., induces *dry gangrene* and other bad consequences by its power to contract the fibrous tissues, and thereby lessen the capillary circulation especially in the extremities. Acting on this thought, I prescribed for the patient a mixture of equal parts of Tinct. Ferri Murias, and Tinct. Ergot, 30 drops to be taken three times a day. The bloody tumor on the shoulder and back, I directed to be bathed daily in a simple solution of common salt in water. This treatment was continued steadily for five or six weeks, and the patient rapidly improved in health and strength. The tumor gradually diminished in size, and at the end of three weeks from my first visit he was able to resume his usual employment. During the next week after he began to work, and while he was still under treatment, he bruised one leg so as to lacerate the parts slightly. It was more disposed to bleed than in healthy persons, but one or two applications of a cold solution of Tannin promptly arrested the oozing of blood and the parts healed. With this exception, no hæmorrhage either from the nose or elsewhere occurred during the six weeks he was under treatment. At the end of that time I lost sight of the patient until a day or two since. On inquiring, I learned that he had been able to continue his labor in a moderate degree until the present time, and had taken no medicine since the time above indicated. During the last two months his disposition to hæmorrhage has again increased, indicated by a return of epistaxis every few days. He is not now under treatment, but I have made arrangements to procure some of his blood for minute examination, so soon as a spontaneous hæmorrhage occurs of sufficient quantity. So you may hear from the case again.

Yours truly,

Chicago, Dec. 10, 1852.

N. S. DAVIS, M.

Translated from the French—L'UNION DE LA LOUISIANA.

The Ash as a Remedy in Rheumatism and Gout, by DE. LARUE, D. M. P.

THE Therapeutic agents for these diseases, which are found in the authors, are far from being satisfactory. For this reason, I propose to speak in detail, of a plant very generally spread through the temperate climates of Europe—the common Ash, (*Fraxinus Excelsior*) belonging to the Jasmine class of Jussieu.

In 1840 my mother, who had been more or less afflicted for two years, found herself the victim of a permanent and almost general chronic rheumatic gout. To her *critical* age—her sanguine-lymphatic temperament—a good and strong constitution—she added an hereditary influence. The pain was sharp, the tumefaction considerable, the movements were executed with difficulty, and, at times, were impossible. There was little or no fever, although, for the most part, the functions commenced to be sensibly altered. All the proper attempts to cure her having proved completely fruitless, she was about to discharge her physicians and give herself up to nature and time, when her seamstress urged her to use a pisan of the leaves of the ash. Seeing no danger to arrive from it, I recommended her to try it. At the end of a fortnight she was much better, and at the end of a few months she was perfectly cured. Since that time she has continued to use it whenever she has apprehended or felt the return of the disease. Since this cure, so remarkable and dear to my heart, I have, many times, in every species of gout and rheumatism (acute, chronic, fixed, shifting, vague, or determined) prescribed the same remedy with entire success. In my experience I have used the leaves only. Gathered towards the end of June and dried, I have always ordered: 1st, a decoction of 10 to 12 grammes to 200 grammes of water, to be taken by the cupful every three hours, or only morning and evening, according to the intensity of the affection—2d, small lavements, to the number of two or three a day, of the same strength—3d, applied for some hours on the painful parts, sometimes over the whole body, after being previously heated.

Reflections.—Cesalpin, Lobel, Helwing, and Coste speak of the bark of the Ash as being a febrifuge, equal to Quinine, whilst others accord to the leaves a purgative or an astringent effect; and

even, according to Gilbert, applicable to the treatment of scrofula. But none, to my knowledge, have attributed to it the virtues which my experiments would claim for it. Thus, without repelling the teachings of our predecessors, which, however, we believe are tainted with error or exaggeration, we prove that this substance may be administered for a long time without inconvenience, and has a general action so prompt as to apparently act specifically upon these diseases.

Items and News.

DR. BROWN SEQUARD, during the months of September and October, gave highly interesting courses of lectures to classes of the most distinguished physicians in New York city. He is now engaged in the delivery of a similar course to the physicians of Boston.

DR. F. W. SARGENT has been appointed Surgeon to Will's Hospital, Philadelphia.

DR. J. LAWRENCE SMITH has been appointed Professor of Chemistry in the University of Virginia.

On a late trip of one of the Mississippi steamboats from New Orleans to St. Louis, the German emigrants on board opened a sack of castor beans, prepared and ate a huge luncheon of castor bean soup. The effect was, that in a short time the passengers in the cabin and offices of the boat were startled by the report, that the Cholera in its worst form had broken out on deck. The mystery was soon solved however, but the boat had to go into quarantine; because, as the Captain said, the Dutch "didn't know beans."

OBITUARY.

DR. DANIEL DRAKE, the distinguished and venerable author and teacher, whose biography would be a history of the rise and progress of medical science in the West, died at his residence in Cincinnati during the last month.

DR. JONATHAN COWDERY, the oldest surgeon in the U. S. Navy, died recently at Norfolk, aged 85 years.